

**ADOI**Arizona  
Department of Insurance**FRAUD REFERRAL**Page \_\_\_\_ of \_\_\_\_  
\* See Instructions on Reverse Side2910 N. 44<sup>th</sup> St., 210  
Phoenix, AZ 85018  
602-912-8418  
FAX: 602-912-8419☐ SUBMITTED TO INITIATE INVESTIGATION☐ SUBMITTED FOR INFORMATION ONLY

DATE OF PREPARATION \_\_\_\_|\_\_\_\_|\_\_\_\_ INSURANCE CO. \_\_\_\_\_ NAIC #: \_\_\_\_\_

INS CO ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

POLICY #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_|\_\_\_\_|\_\_\_\_

REASON FOR SUSPICION CODES\*: | | | | | | | | | |

HAS LAW ENFORCEMENT RECEIVED THIS INFORMATION? ☐ YES ☐ NO IF YES, SPECIFY AGENCY BELOW

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

LAW ENFORCEMENT CONTACT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

NOTIFIED NICB? YES ☐ NO ☐ WHY DO YOU SUSPECT FRAUD (REASON FOR REFERRAL)?: \_\_\_\_\_

LOCATION OF LOSS/ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

POLICY TYPE\*: \_\_\_\_\_ LOSS TYPE\*: \_\_\_\_\_ EST. CLAIM VALUE: \_\_\_\_\_ PAID? ☐ YES ☐ NO

\* See Instructions on Reverse Side

**COMPLETE THIS SECTION FOR WORKER'S COMP OR HEALTH CARE PROVIDER REFERRAL**

HEALTH CARE PROVIDER: \_\_\_\_\_ TIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

IS HEALTH CARE PROVIDER SUBJECT OF THIS REFERRAL?: ☐ YES ☐ NOANY PREVIOUS WORKER'S COMP/OR/OTHER CLAIMS?: ☐ YES ☐ NOANY OUTSIDE INVESTIGATION OR SURVEILLANCE CONDUCTED? ☐ YES ☐ NO VIDEO? ☐ YES ☐ NO

OUTSIDE INVESTIGATOR: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**CLAIMANT AND OTHER ROLE INFORMATION**

# \_\_\_\_\_ ROLE\*: \_\_\_\_\_ NAME (FIRST, MI, LAST): \_\_\_\_\_

BUSINESS/DBA/ALIAS: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_|\_\_\_\_|\_\_\_\_ SSN: \_\_\_\_\_ TIN(S): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DRIVERS LIC #: \_\_\_\_\_ DRIV. LIC ST: \_\_\_\_\_

VIN: \_\_\_\_\_ VEH. YR: \_\_\_\_\_ MAKE \*: \_\_\_\_\_ MODEL \*: \_\_\_\_\_ STYLE\*: \_\_\_\_\_

LIC. PLATE #: \_\_\_\_\_ LIC. YR: \_\_\_\_\_ LIC ST: \_\_\_\_\_ LIC TYPE\*: \_\_\_\_\_

REPORTED INJURIES, DISEASE, ILLNESS OR CONDITION: \_\_\_\_\_

\* See Instructions on Reverse Side

**ADOI USE ONLY**

ADOI REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_|\_\_\_\_|\_\_\_\_

CASE ASSIGNED TO: \_\_\_\_\_ DATE: \_\_\_\_|\_\_\_\_|\_\_\_\_

CONTROL NUMBER

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REFERRAL DISPOSITION CODE

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**PLEASE USE ADDENDUM FORMS FOR ADDITIONAL ROLE INFORMATION**

POLICY #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_|\_\_\_\_|\_\_\_\_

#	ROLE*: _____ NAME (FIRST, MI, LAST): _____				
BUSINESS/DBA/ALIAS: _____			PHONE (____) _____		
ADDRESS: _____		CITY: _____		ST: _____ ZIP: _____	
DOB: ____ ____ ____		SSN: _____		TIN(S): _____	
OCCUPATION: _____		DRIVERS LIC #: _____		DRIV.LIC ST _____	
VIN: _____	VEH. YR: _____	MAKE *: _____	MODEL *: _____	STYLE*: _____	
LIC. PLATE #: _____		LIC. YR: _____		LIC ST: _____ LIC TYPE*: _____	
REPORTED INJURIES, DISEASE, ILLNESS OR CONDITION: _____					

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BUSINESS/DBA/ALIAS: _____			PHONE (____) _____		
ADDRESS: _____		CITY: _____		ST: _____ ZIP: _____	
DOB: ____ ____ ____		SSN: _____		TIN(S): _____	
OCCUPATION: _____		DRIVERS LIC #: _____		DRIV.LIC ST _____	
VIN: _____	VEH. YR: _____	MAKE *: _____	MODEL *: _____	STYLE*: _____	
LIC. PLATE #: _____		LIC. YR: _____		LIC ST: _____ LIC TYPE*: _____	
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BUSINESS/DBA/ALIAS: _____			PHONE (____) _____		
ADDRESS: _____		CITY: _____		ST: _____ ZIP: _____	
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<p align="center"><b>INSTRUCTIONS</b></p> <p>To expedite the referral process please fill out all necessary items as completely as possible.</p> <p>Use a separate form for each claim number and mail or fax to the address/phone listed below.</p> <p>Use as many forms as necessary for additional insured, claimants, doctors, attorneys, etc. And repeat the claim number on every form.</p> <p>Staple all related forms together.</p> <p>MAIL TO:   ADOI - FRAUD UNIT                   2910 N. 44<sup>TH</sup> ST., #210                   PHOENIX, AZ 85018</p> <p>FAX To: 602-912-8419</p>	<p align="center"><b>POLICY TYPE CODES</b></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>PAUT</td><td>Personal Automobile - General</td></tr> <tr><td>PPAP</td><td>Personal Property - General</td></tr> <tr><td>PPHO</td><td>Personal Property -Homeowners</td></tr> <tr><td>COMP</td><td>Commercial - Multi Peril</td></tr> <tr><td>CCRM</td><td>Commercial Crime</td></tr> <tr><td>CAUT</td><td>Commercial Automobile</td></tr> <tr><td>CPRP</td><td>Commercial Property</td></tr> <tr><td>WORK</td><td>Worker's Compensation</td></tr> <tr><td>ACHE</td><td>Accident/Health/Disability</td></tr> <tr><td>LIFE</td><td>Life</td></tr> <tr><td>MAME</td><td>Major Medical</td></tr> <tr><td>HHMO</td><td>HMO</td></tr> <tr><td>ACON</td><td>Accident Only</td></tr> <tr><td>PRDG</td><td>Prescription Drug</td></tr> <tr><td>DEVI</td><td>Dental/Vision</td></tr> <tr><td>HCMS</td><td>Health Care/Medicare Supp.</td></tr> <tr><td>CASD</td><td>Cancer/Specified Disease</td></tr> <tr><td>MESH</td><td>Medical/Surgical Hospital</td></tr> <tr><td>OTHR</td><td>Other</td></tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	PAUT	Personal Automobile - General	PPAP	Personal Property - General	PPHO	Personal Property -Homeowners	COMP	Commercial - Multi Peril	CCRM	Commercial Crime	CAUT	Commercial Automobile	CPRP	Commercial Property	WORK	Worker's Compensation	ACHE	Accident/Health/Disability	LIFE	Life	MAME	Major Medical	HHMO	HMO	ACON	Accident Only	PRDG	Prescription Drug	DEVI	Dental/Vision	HCMS	Health Care/Medicare Supp.	CASD	Cancer/Specified Disease	MESH	Medical/Surgical Hospital	OTHR	Other	<p align="center"><b>ROLE CODES</b></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>CL</td><td>Claimant</td></tr> <tr><td>CI</td><td>Both Claimant &amp; Insured</td></tr> <tr><td>CD</td><td>Claimant Driver</td></tr> <tr><td>CP</td><td>Claimant Passenger</td></tr> <tr><td>EM</td><td>Employer</td></tr> <tr><td>IN</td><td>Insured</td></tr> <tr><td>ID</td><td>Insured Driver</td></tr> <tr><td>IP</td><td>Insured Passenger</td></tr> <tr><td>IE</td><td>Insured EmplEnrollee/Dependent</td></tr> <tr><td>WT</td><td>Witness</td></tr> <tr><td>BS</td><td>Body Shop</td></tr> <tr><td>LW</td><td>Lawyer/Other</td></tr> <tr><td>LR</td><td>Paralegal</td></tr> <tr><td>LO</td><td>Law Office</td></tr> <tr><td>IY</td><td>Insurance Employee</td></tr> <tr><td>IB</td><td>Agent/Broker</td></tr> <tr><td>IO</td><td>Insurance Personnel</td></tr> <tr><td>MD</td><td>Medical Doctor (MD)</td></tr> <tr><td>MC</td><td>Chiropractor</td></tr> <tr><td>MA</td><td>Physician's Assistant</td></tr> <tr><td>MO</td><td>Other Doctor</td></tr> <tr><td>MN</td><td>Nurse</td></tr> <tr><td>MT</td><td>Physical Therapist</td></tr> <tr><td>MS</td><td>Dentist</td></tr> <tr><td>MG</td><td>Radiologist</td></tr> <tr><td>MH</td><td>Medical Clinic/Hospital</td></tr> <tr><td>MZ</td><td>Office Administrator</td></tr> <tr><td>MM</td><td>Other Medical Personnel</td></tr> <tr><td>MX</td><td>X-Ray Lab</td></tr> <tr><td>MR</td><td>Laboratory</td></tr> <tr><td>MY</td><td>Medical Provider/Other</td></tr> <tr><td>OP</td><td>Other Professional</td></tr> <tr><td>NP</td><td>Other Non-Professional</td></tr> <tr><td>BE</td><td>Beneficiary</td></tr> <tr><td>HP</td><td>Health Care Provider</td></tr> <tr><td>MP</td><td>Medical Equipment Provider</td></tr> <tr><td>PH</td><td>Pharmacy</td></tr> <tr><td>CR</td><td>Creditor/Debtor</td></tr> <tr><td>AJ</td><td>Adjuster</td></tr> <tr><td>AP</td><td>Appraiser</td></tr> <tr><td>OT</td><td>Other</td></tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	CL	Claimant	CI	Both Claimant & Insured	CD	Claimant Driver	CP	Claimant Passenger	EM	Employer	IN	Insured	ID	Insured Driver	IP	Insured Passenger	IE	Insured EmplEnrollee/Dependent	WT	Witness	BS	Body Shop	LW	Lawyer/Other	LR	Paralegal	LO	Law Office	IY	Insurance Employee	IB	Agent/Broker	IO	Insurance Personnel	MD	Medical Doctor (MD)	MC	Chiropractor	MA	Physician's Assistant	MO	Other Doctor	MN	Nurse	MT	Physical Therapist	MS	Dentist	MG	Radiologist	MH	Medical Clinic/Hospital	MZ	Office Administrator	MM	Other Medical Personnel	MX	X-Ray Lab	MR	Laboratory	MY	Medical Provider/Other	OP	Other Professional	NP	Other Non-Professional	BE	Beneficiary	HP	Health Care Provider	MP	Medical Equipment Provider	PH	Pharmacy	CR	Creditor/Debtor	AJ	Adjuster	AP	Appraiser	OT	Other
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NICB offers insurers the option of sending a copy of their referrals to the appropriate State Department of Insurance. Simply indicate in the box provided by NICB that you would like to have your referral copied to the Arizona Department of Insurance.</b></p>																		
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FE	Fictitious Employee/ Dependent																																																																																																																													
FG	Forgery																																																																																																																													
DM	Diversion/Misappropriation of Funds																																																																																																																													
OT	Other																																																																																																																													
<u>Code</u>	<u>Description</u>																																																																																																																													
BIAR	Bodily Injury Auto Related																																																																																																																													
BISF	Bodily Injury Slip & Fall																																																																																																																													
BURG	Burglary																																																																																																																													
CONT	Contractor/RepairFacility (incl. auto & Prop)																																																																																																																													
DETH	Death																																																																																																																													
DISB	Disability																																																																																																																													
FIRE	Fire/Burned (incl. Auto/boat & prop.)																																																																																																																													
HEAL	Health/Medical (includes life, auto & prop)																																																																																																																													
LOSS	Loss (not stolen)																																																																																																																													
OTHR	Other																																																																																																																													
PHYD	Physical Damage/Collision (incl. Auto & Prop.)																																																																																																																													
ROBB	Robbery																																																																																																																													
STRM	Storm/Earthquake/Wind (incl. Auto & prop)																																																																																																																													
THFT	Theft (NOT including Veh- icle/Boat thefts)																																																																																																																													
TVTH	Total Vehicle Theft Not Recovered																																																																																																																													
VAND	Vandalism																																																																																																																													
VHTH	Vehicle/Boat Theft (NOT incl. theft from vehicle/boat)																																																																																																																													
WATR	Water Damage (including fire sprinklers)																																																																																																																													
ACBE	Accelerated Benefits																																																																																																																													
ACDD	Accidental Death /Dismemberment																																																																																																																													
HOSP	Hospitalization																																																																																																																													
SMLX	Surgical Care/Medical Care/Lab/X-Ray																																																																																																																													
NHHC	Nursing Home/Home Health Care																																																																																																																													
PRES	Prescription																																																																																																																													
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